

## DEPARTMENT OF SOCIAL SERVICES

Community Care Licensing Division  
Northern California Children's Residential Program  
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OUT-OF-STATE ANNUAL REVIEWMORRISON COUNTERPOINT RESIDENTIAL & DAY TREATMENT CENTER

2408 SW Halsey, Building J, Troutdale, Oregon 97060

FACILITY VISIT DATES: June 8, 2006

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES STAFF MEMBER:

Kathy Bakke, Licensing Program Analyst

PURPOSE OF VISIT:

The Morrison Center-Counterpoint Program is seeking re-certification with the State of California, Department of Social Services, Community Care Licensing Division, Out-of-State Certification Unit. The purpose of this visit is to verify that the facility is in compliance with California Group Home Licensing standards in order to recertify the facility.

CALIFORNIA PLACING AGENCIES:

Currently there are no California children placed at Counterpoint. Staff explained that they have not had a California placement for three years, but would like to continue to be certified. During this last year one child from California was considered for placement, but it was determined that the program could not meet his needs.

Sacramento, San Luis Obispo, Plumas, and Ventura Counties have placed with Counterpoint.

FACILITY AND PHYSICAL PLANT OVERVIEW:

The residential program is located at 2408 SW Halsey, Troutdale, Oregon 97060 on the 4-acre Edgefield Children's Campus. The facility is connected to the Day Treatment Program by a breezeway. The residential component has reduced its capacity from 14 to 12. The physical plant remains the same with 10 bedrooms, living space, full-service kitchen, bathrooms, storage areas and a large outdoor recreation area. Most of the bedrooms house one child. Two bedrooms have 2 children each and there are audio monitors in these rooms. The census during this visit was 9 boys. Also on this site are classrooms, treatment offices and administrative offices.

Morrison Child and Family Services was founded in 1947 as a Child Guidance Clinic, by Portland Psychologist, Carl Morrison. Morrison has numerous programs through the Portland area which serve

children and families, and currently is the largest provider of mental health and social services in Oregon. The Counterpoint Day Treatment began in 1983 and is a program for youth with sexual offender issues. The Day Treatment Program serves emotionally and behaviorally disturbed boys, age 12 to 18.

#### EMERGENCY DISASTER PLAN:

The facility has an emergency disaster plan in place, and instructions are posted inside the facility. There are various buildings on the site that can be used in the event that the residential facility is threatened. The director stated that fire drills are conducted once a month.

#### FIRE CLEARANCE:

Inspections are conducted by the Gresham City Fire Marshall, on an annual basis. No deficiencies were cited during the last inspection, which was conducted on 3-31-2006.

#### LOCAL STATE LICENSING/COMPLAINTS ISSUES:

Oregon Department of Human Services licenses the Morrison Center. During the last site visit criminal history, reference checks, employee evaluations, job descriptions, training roster, medication log (including disposal of medications), fire drills, emergency plan, children's individual service plans and incident reporting were in compliance. Human Services requested corrections in the following areas: repair or replace worn spots in upholstery, repair water damage in two bathrooms, lock door to laundry area, submit Fire Marshal inspection, and assure that fire drills are conducted once a month.

An exception was granted in 2001 to house two children in two bedrooms that do not meet Oregon licensing requirements for minimum square footage, on the condition that there would be modification on the facility to accommodate the youth. The licensing committee decided not to grant the exception during this last visit as the modification has not been completed.

Oregon Youth Authority also makes regular visits to the facility to inspect and monitor the program.

Morrison Child and Family Services is also accredited through the Council on Accreditation.

#### HEALTH DEPARTMENT CLEARANCES:

The Health Department visits the facility to inspect all areas of the kitchen and storage closets. Counterpoint is on city water and uses the city sewage system. The last evaluation was conducted on January 19, 2006. All areas inspected were in compliance; recommendations included screening window in the kitchen which is used for ventilation, allow the faucet in the staffs' hand washing sink to deliver water automatically for 15 seconds, and to maintain cleanliness of the staff bathroom floor.

#### ADMINISTRATION AND PLAN OF OPERATION REVIEW:

The Program Director is Dixie Stevens, the Program Manager is Jodie Teitelbaum and Jeff Abbott is the Residential Director. All were present during this visit.

## PROGRAM REVIEW AND CHANGES:

The residential program provides treatment and residential care to boys, ages twelve through seventeen. The average length of stay in the program is 18 months. This program specializes in the treatment of boys who have sexually offended, and who continue to have difficulties with their sexual behavior. Most of the boys have been adjudicated and are mandated to complete an offender treatment program. Many of them have other issues such as family problems, anger management, problems, depression; they may have been victimized, and have problems with authority. The boys receive counseling services through individual skill building, organized groups, recreational activities, social skill opportunities, and leisure activities which help them learn pro-social behavior. They learn to address inappropriate sexual thoughts and behaviors, and they address issues related to each of their specific treatment plans. All boys in the residential facility attend the day treatment program for school and treatment, Monday through Friday.

The facility does not accept boys with a history of physical violence; however, a boy who has exhibited some violence in the past but is not repeating the behavior, may be accepted. The facility does not accept children who are developmentally disabled with an IQ under 70, those who are actively psychotic without medications, children who have an extreme dependency on alcohol or drugs and children who have such extreme sexual predatory behavior that could cause risk to the community or other children in care. They also do not accept children who have a history of setting fires or chronic run-aways. However, these factors are examined on an individual basis, and a youth may be accepted on a trial basis to determine appropriateness of placement. Referrals come from a variety of organizations including families, and the program has contracts with several states and state departments, with some referrals coming from local schools districts.

Staff:resident ratio during day and evening is 2:4: at night there are two awake night staff.

The level/point system continues to be used in the Residential component.

The philosophy of Counterpoint is that the treatment of the adolescent offender is a shared responsibility of the community, the youth, the family, and all parties involved in the youth's life. The program uses a strength based approach to help youth face responsibility for sexually offensive behavior. Youth attend a variety of treatment services which include group therapy, individual therapy, family services and activities with the goal of the youth understanding and being honest about sexually acting out, learning new pro-social skills, correcting deviant and criminal thinking and behavior, and developing empathy for others. The treatment approach is based on cognitive-behavior therapies found effective with criminal populations. The residential program factors in a youth's culture, learning style, family values and tenets of offender treatment to help youth learn to be responsible and accountable for their actions.

Six proctor (foster) homes are licensed by Oregon Youth Authority, and certified by Counterpoint. Each house may have three children. Proctor parents provide care and supervision and help the child work towards treatment goals, and are responsible for transporting the children to and from school and treatment. Proctor parents communicate with the therapist on a regular basis.

Counterpoint is responsible for interviewing, fingerprinting, conducting the home study and providing training for the proctor parents. Proctor parents have 40 hours of initial training, 20 hours of annual training, monthly meetings and support from the Center.

Counterpoint has a contract with Oregon Youth Authority for 9 beds; the Youth Authority is the primary referral source for the Center.

Changes since the last out-of-state visit have included minor staffing changes, and continual improvement of the treatment program. Focus continues to be on trauma of children and family involvement.

There is at least a one-year follow up on a child who leaves the program.

#### EMERGENCY INTERVENTION PLAN/INCIDENT REPORTS:

Counterpoint staff has training in Crisis Prevention and Intervention, and de-escalation procedures. There is a trainer on site. The Center has a policy of using verbal de-escalation; physical restraint is a last resort and will occur only if the resident is inflicting immediate and serious harm upon himself or others. Staff will use the most minimum restraint.

A procedure is in place if a child runs away.

Clinical Incident Reports are used to document incidents. Staff is required to document residents' behavior, and all incident reports are reviewed by the Program Manager.

#### PERSONNEL AND CLIENT FILE REVIEW:

Files reviewed were complete. All staff had health screening, first aid and CPR, fingerprint clearances, training, personal information, understanding of reporting requirements.

#### CLIENTS AND PERSONAL RIGHTS REVIEW:

Upon admission each resident is informed of his personal rights, house rules, schedules, daily operations, responsibility for chores, and all other policies and procedures. Children have the right to contact their attorney, probation officer, social worker, licensing, and parents, provided the placing agency approves. The Center responds to unsafe behavior through internal and external "sanctions" (police) on an individual basis.

There is a resident grievance policy in place, and a child has the right to review an action or decision which affects him; no child will be subjected to retaliation for making a grievance.

Upon admission residents are informed that there is a dress code, and clothing must be clean and neat, they must wear shirts with sleeves, no holes, no signs or slogans, and clothing which is appropriate for the weather. Hairstyles should be "non-distracting" and hair should be neat and clean.

If there is a suspicion of contraband, Center staff does not conduct body searches, however, a student may have to turn out pockets or take off shoes and socks, in front of two "hands off" staff. Rooms can be searched.

## MEDICAL, DENTAL, AND NUTRITIONAL FOLLOW-UP:

Residents have different health plans, and are taken to a doctor at the Oregon Health Science University in Portland, as this hospital accepts most plans. They are taken to a dentist in the Portland area, and to local clinics in case of an emergency.

Medications are double locked in the facility, logs are kept and compliance problems are reported through the logs and incident reports for review by the Day Treatment staff.

There is a Food Services Manager on staff who coordinates residential meals. The Center believes that mealtimes provide not only necessary nutrition, but social value. Staff eat with the residents, providing supervision, role modeling, and support with appropriate dining behavior and manners.

## TREATMENT SERVICES:

Residential staff facilitates regularly schedule skills groups and house meetings. Skills groups are designed to teach pro-social behavior covering anger management, assertiveness training, relaxation, and peer group skills. House meetings are scheduled so that residents can help solve house issues, give input to types of activities, and resolve conflicts.

The Day Treatment Center provides a weekday array of treatment groups. The Residential Program provides counseling and care during all other times.

The program offers skills groups to teach pro-social behavior, life skills training, and managing daily and weekly chores. Daily on-site recreation, off-site activities twice a week, "milieu management confronting thinking errors and supporting the practice of positive behavior," training in good hygiene practices, and one-on-one counseling are also provided. The Center offers education in an alternative school which is staffed by special education teachers. The group centered program is staffed by social workers and counselors; there are therapeutic activities which help with problem solving, improving motor skills, development and teamwork. There are psychiatric consultations and evaluations and the psychiatrist visits the facility weekly. Staff provide 24 hour supervision and emergency coverage, and transition services.

The social skills class meets weekly for an hour; topics are moral reasoning, trust, communication, listening, problem solving, boundaries, values, and coping skills. The accountability group is a sex offender group that meets three times a week for 55 minutes. Here residents explore their own behavior, the impact, relapse prevention and restitution which may be community service or making some kind of amends. An example is where a resident communicates to a victim that he cannot take away what happened but he accepts responsibility and is remorseful. A child must learn to remain calm when receiving feedback during these groups.

After a child is admitted to the program he is assigned a primary therapist who helps the resident understand the rules. The ratio is one therapist to six residents. The therapist interacts with the residents throughout the day with individual counseling, group meetings, social skills meetings, sex offender groups, recreational activities, meals and shopping, and organizes family meetings.

During this visit staff explained that treatment plans are individualized and tailored for each specific need, e.g., if a resident will not benefit from group therapy because he will be exposed to information

that would not be therapeutic or beneficial, that resident does not participate like the others. Residents must be (possibly, painfully) honest when relating what they did to the group and there is a great deal of sexual content in these meetings.

#### STAFF ORIENTATION AND TRAINING HOURS:

The Center employs licensed therapists, counselors with a bachelors or masters degree, teachers, a residential supervisor, an office manager, and a cook.

Staff meetings are held bi-weekly, clinical and education team meetings are held once a week and residential staff meetings are held twice a month. All-staff meetings are held monthly.

All staff received at least 40 hours of training a year. Staff are trained in CP I(Crisis Prevention and Intervention) as a model which advocates for de-escalation prior to physical acting out and understanding basic restraint techniques per contract expectations; restraint is not used as a method to control youth's behavior, except under extreme crisis. The use of mechanical or chemical or other inappropriate restraints is prohibited.

#### SCOPE OF CERTIFICATION REVIEW:

Areas covered during this visit were program features, training, therapy, intake and discharge, policy and procedure covering emergency intervention, AWOL, medications, etc., file review, observation of program and daily activities, criminal record review, personal rights, food service, and physical plant.

#### OUT-OF-STATE CERTIFICATION FINDINGS:

There were no issues of concern observed during this visit.

#### CERTIFICATION DECISION:

Recommend that recertification be granted.